

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10602192
APPLICANT(S) _____

FILING DATE _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		2		2		
12		1		1		
13		1		1		
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TOTAL IND.	4		8			
TOTAL DEP.	25		24			
TOTAL CLAIMS	29		32			